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ABSTRACT

Solution-focused therapy is based on the premise that client goals and solutions are more important than problems the client depicts in sessions. The miracle question technique is used in the first session to help the client construct and consider a future without the problem: "Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different?" This paper provides a guide for utilizing de Shazer's miracle question technique with college student clients in therapy. Ideas about simplifying responses to the miracle question and using them to help clients create change are presented. A step-by-step procedure to help student-clients focus on parts of their miracle response which may already be occurring is presented. Simplifying student-client's responses may contribute to the miracle question's effectiveness as it helps student-clients focus on the present, rather than the more abstract future. Case examples are provided. (JBJ)

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The Miracle Question & Therapy with College Students

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THE MIRACLE QUESTION & THERAPY WITH COLLEGE STUDENTS

This paper provides a guide for utilizing de Shazer's miracle question technique with college student-clients in therapy. de Shazer and his colleagues have written little about the use of the miracle question after it has been posed to the client. O'Hanlon and Weiner-Davis (1989) have attempted to give a clear idea how the miracle question can be used in therapy. This author suggests that "the therapist make certain that the client has a fairly good idea about which steps need to be taken before the miracle can be realized" (p.109). However, beyond this, little information exists regarding client responses to the miracle question.

This paper presents ideas about simplifying responses to the miracle question and using them to help student-clients create change. Therapists often ask the miracle question but do not know how to build effectively on the client's responses. This paper shows how we focus a student-client's answer to the miracle question and build the therapy intervention from that answer. Specifically, this author has developed a procedure to help student-clients focus on parts of their miracle response which may already be occurring.

Simplifying student-clients' responses may contribute to the miracle question's effectiveness. The miracle question as traditionally posed is used to help clients describe what a solution would look like in the future. Although this may prove to be an effective therapy technique with many clients, it may also prove to be too abstract and lacking in direction for student-clients. The utility of simplifying responses to the miracle question lies in helping student-clients focus on the present, where solutions may exist, rather than toward an uncertain future.

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Further, it provides a bridge between what has already been achieved and a future where more successes are possible. Simplifying student-client responses may provide a useful guide for therapists working with a solution-focused model. It is important to note that the concept of simplifying responses to the miracle question is presented as only one of many techniques which may prove beneficial when using a solution-focused model of therapy.

The Miracle Question

Solution-focused therapy, developed by de Shazer and his colleagues at the Brief Family Therapy Center (BFTC) in Milwaukee (de Shazer, 1978, 1985, 1988, 1991), is based on the premise that "client's goals and solutions were more important than the problems the client depicted in the session" (de Shazer, 1991, p.57). Incorporating concepts from Milton Erickson, social constructivism, and post structuralism, de Shazer's work, unlike traditional therapy, reflects the notion that knowledge of the person's past, or knowing the details of problems, is not important in constructing the solution (de Shazer, 1985).

de Shazer places emphasis on the present and the future. "Solution-focused therapy is seen as a mutual endeavour involving therapist and client together constructing a mutually agreed upon goal" (de Shazer, 1991, p.57). The therapist works with the student to negotiate change, co-creating a future in which the problem has already been solved. This helps the student to "think and behave in ways that will lead to fulfilling this expectation" (de Shazer, 1988). Student-clients are able to respond to goals as if they have already been achieved.

Influenced by Erickson's use of the crystal ball technique (Erickson, 1954), de Shazer uses the miracle question in the first session to help the client construct and consider a future without the problem. de Shazer (1988) describes the miracle question in the following manner: "Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different? How will your husband know without you saying a word to him about it?" (p.5).

The miracle question helps student-clients and therapists agree on the description of what a solution would look like. The goal of the miracle question is for the student-clients to establish small, concrete, specific behaviors that will signal to them that the problem is solved. Simplifying responses to the miracle question may better accomplish this goal because it allows student-clients to focus on the present where solutions may exist.

de Shazer (1991) has recently described the use of the miracle question from a poststructural perspective. "Using the miracle question is an attempt to establish the solution-focused language game with a progressive narrative" (de Shazer, 1991, p. 133). According to Gergen and Gergen (1986), a progressive narrative is one in which "events are lined in such a way that one steadily progresses toward a goal" (p.27). The miracle question establishes the goal, and the student and the therapist together, through language, negotiate new stories which will signal that change has occurred.

Keeping it simple

Simplifying responses to the miracle question is a procedure that this author has developed when working with student-clients. This process helps student-clients (and therapist) arrive at a goal which is achievable and realistic.

The following step-by-step process is employed to help student-clients simplify their answers to the miracle question:

1. Upon completion of the problem definition, the therapist poses the miracle question.
2. The therapist then compliments the student on each answer to the miracle question.
3. Since my experience suggests that student-clients often express a miracle with several components, initial responses may be too large and unrealistic. It is at this point in the process that I begin to ask my student-clients to simplify their responses to the miracle question.
4. To do this, we ask our student-clients to spend a brief period of time alone deciding on the smallest piece of their miracle that is achievable and will further signal that they are proceeding in the right direction. In essence, the smallest piece of the miracle response will be a sure signal that their goals for therapy are being addressed.
5. After 5 or 10 minutes, the therapist returns to the room. If the student has selected more than one small piece of the miracle, the therapist works with the student to find the smallest piece of her/his response which will be a sign that the miracle is indeed happening.

It is the style of this therapist to build on student's additional responses to the miracle question throughout the therapy process.

6. From the simplified miracle response, the therapist usually ends the first session with a task based upon the student's smallest piece of the miracle response.

In essence, simplifying responses to the miracle question utilizes the assumption that complex problem descriptions can often be adequately addressed through minimal solution patterns. de Shazer (1989) states, "No matter how complicated the description of the problem or the (apparent) duration, only a small and simple difference that is noticed will often lead to unpredictably large changes " (p.58). By simplifying responses to the miracle question, student-clients (and therapists) notice that a small change is often enough to initiate larger, systemwide change.

The following two case presentations were chosen as examples because they clearly delineate the approach as described above. The first and second sessions of each case are reported to illustrate how this therapist and the student-clients worked together to simplify responses to the miracle question.

The reader will note that the therapist takes a midsession break. The purpose of this break is twofold. First, the therapist uses this time to compose a letter to the student. This letter provides immediate written feedback to the student's numerous responses to the miracle question. The author has found that writing messages to be effective when using this technique. However, it may not be an essential part of the process of simplifying client's responses to the miracle question. Second, the author finds the midsession break offers student-clients an opportunity to

prioritize their miracles independently. It has been my experience that when student-clients select their own piece of the miracle, they are more vested in achieving that goal. Other therapists may choose to actively engage the student in prioritizing their responses to the miracle question.

CASE EXAMPLE 1

Natalie Brown called to request therapy. She has had sleepless nights thinking about her "problem." She exudes "odor" from her "lower, private parts" that [she says] turns people off.

First session

After initially joining with Natalie, I asked her to state her reasons for entering therapy. Natalie explained that she had been spending sleepless nights worrying about this "odor." She further stated that she realized that this "odor" will repel people. Natalie stated that her "anxiety problem" also made her family very uncomfortable when they see her undergoing these jitters.

After Natalie stated her reasons for seeking therapy, I asked the miracle question. Natalie responded with an answer which included eleven components to her miracle. Among these were feeling happy, sleeping more, having control over the "odor," and having a good time with her friends.

I complimented Natalie on her miracle. However, I cautioned her that this particular miracle was too big for the present. I asked her to take a few minutes, while I stepped out of the room, and pick out one piece of her complex miracle that would be a sure sign that things regarding her "anxiety problem" were moving in the right direction.

When I returned to the room, I asked Natalie to tell me the one piece of the miracle that would indicate improvement. Natalie said she would know that the miracle was occurring if she had six hours of sleep at night. Then, I took a break to compose the "message."

I read the following "message" to Natalie:

First of all, I would like to compliment you for the courage and motivation to come in here and share your story with me. To me, that in itself is a miracle. I'm fascinated about you telling me about your "Great Miracle." Included, in that miracle is the day when you:

1. feel happy
2. sleep more
3. concentrate on your studies
4. seek the advice of friends
5. enjoy going to school
6. dress well
7. go to the movies
8. go to church regularly
10. enjoy going to work
11. are with girlfriends

But you see, we all know that this miracle, even though it is beautiful, is too big for right now. So, we need to find a small piece of that miracle which will be a sure sign that things are moving you in the right direction.

Now, you were able to find that small piece tonight. So, for this week, I want you to note, Natalie, those times when you get up in morning knowing that you had had six hours sleep. Good luck and I

look forward to your list of small miracles in one week.

After I read the message to Natalie, the first session ended, and a second session was scheduled for one week later.

Second session

Natalie greeted me with smiles and a written piece of paper with her observations regarding the small miracles that had occurred during the week. Natalie stated that she had noticed that thrice during the week she had had six hours sleep. Her mother noticed those mornings because Natalie was "talking to people." Natalie further stated another miracle occurred when she was able to go out to dinner with her friends and not worry about how she might "smell."

Natalie informed me that she simply pulled her hair back, wore no make-up and decided to go to a local restaurant for chicken wings. Upon hearing Natalie's small miracles, I asked about her "anxiety problems." Natalie told me that she only noticed those "odors" twice during the week when she was preparing for mid-term examinations. She was now reviewing with her friends and was getting more and more confident as her friends cued her into what she was doing "right." The session ended with my asking Natalie to look for other small miracles to add to her list of successes. A third session was scheduled for two weeks later.

Case summary

This case demonstrates the therapist's use of simplifying responses to the miracle question. Primarily, this case shows how complex problem descriptions can be adequately addressed through minimal solution patterns. Working from this position means letting the student lead the way in order to find her own solution. The task of the therapist is to

help student-clients focus on small differences that will often lead to systemwide changes.

An interesting aspect of this process is that the identifying problem (exuding "odor" when anxious) does not need to be the focus of treatment. In this particular case, by simplifying the student's complex miracle, the anxiety was never the sole focus of therapy. Rather, the student noticed changes in other aspects of her life, for example, her level of competence: sleeping more, going out with friends, asking for help, and rehearsing for mid-term examinations with friends. However, it is interesting to note that these small changes led to her making larger changes. The student not only noticed more control in her life, but also simultaneously reported a reduction in the number of times she had the "bad odor" episodes.

I saw Natalie for four sessions and we worked on other aspects of her complex miracle. She was enjoying her last semester in the community college, enjoying her part-time job, and had had one "maladorous" episode in two weeks. Follow-up six months later revealed that Natalie had not had the "bad odor" episodes. She was preparing for graduation from the college. There were no more sessions scheduled.

CASE EXAMPLE 2

First session

Earl Lerner presented himself for therapy. Earl explained that he had exposed himself on several occasions in public. However, his most pressing concern was that he had begun to engage in oral sex with men in subway bathrooms. Earl had been involved in individual as well as group therapy during the past six years.

After I asked Earl the miracle question, he stated his miracle, which included eight separate pieces. Then I left the room to give Earl the opportunity to find the one small piece of his miracle which would signal that things were moving in the right direction. After a 5-10 minute break, Earl told me that the smallest indicator would be an increase in self-respect. Further, he told me of specific instances when he found self-respect during the past week. I took another break to write a message.

Earl, first and foremost, I want to compliment you on the courage and guts it took today to come in here and tell me your story. It is story filled with a lot of difficult things and sad memories.

On the other hand, you were also able tonight to eloquently answer the miracle question. To refresh your memory, your complex miracle included the following:

1. finding inner peace
2. finding self-respect
3. trusting in God
4. not obsessing
5. stopping physical cravings for sex and food
6. feeling less overwhelmed
7. feeling more centered
8. feeling less guilt and shame

Now, I think that this miracle, although beautiful, is too big a miracle for now. So I suggested that you consider looking at one

aspect of your miracle.

You were able to do that, and you identified a small piece of this complex miracle: self-respect.

Now, Earl, you are a person with a lot of inner strengths and resources. You know that. You were able to give me very detailed examples of times today when you gave yourself self-respect.

These included:

* abstaining from breakfast
* going early for a job interview
* praying to God
* looking forward to a healthy dinner
* talking and helping people in the shopping mall

Now, Earl, this list is "only" the tip of the iceberg of things you can do to show yourself self-respect. You can do a lot more, you just don't know that you know that.

So, here is my simple task for you this week. Note all times, places, and events which occur, or you make happen, that are sure signals to you that you have self-respect. See you in one week.

Second session

Earl returned for his next scheduled appointment the following week with his own letter explaining not only his assignment, but other miracles he had noted in his life. He was able to identify seven times during the past week when he had felt self-respect. Among these were:

1. eating healthy meals
2. praying to God daily
3. not worrying so much about his past life
4. not feeling overwhelmed with work
5. not going near any subway restroom

I congratulated Earl for accomplishing so much and then gave him a new task based on his answers to the miracle question. A third session was scheduled for two weeks later.

Case summary

Earl continued to report progress at a fourth session six weeks later. He had experienced all eight pieces of his miracle. Earl reported only one incident of entering a subway restroom. Follow-up several months later revealed that Earl continued to enjoy progress with all pieces of the miracle. He had to relocate to a new state and was enjoying the challenges of the new job offered to him.

It should be mentioned that during the course of therapy, no direct attention was given to the initial concerns that brought Earl to therapy. For example, no intervention was made to directly address his inappropriate sexual behavior. Rather, the therapy dealt with simplifying the response to Earl's miracle. The therapist and the student shaped the miracle at a pace that seemed comfortable at the time. The most common theme in this particular case, as in the first one, was that only a small change was necessary to initiate larger, systemwide change. Thus, for Earl, it made perfect sense to begin with finding self-respect (the small miracle). From that point, Earl was able to find the other pieces of his complex miracle at a rate that was comfortable and well within his

capabilities.

Conclusion

Simplifying answers to the miracle question appears to accomplish several tasks during therapy. First, it provides the student-client with the idea that a small change may promote larger systemwide change. The approach allows for flexibility of movement toward goals. The therapist and student can focus or break down a big or unachievable answer to the miracle question and use that answer to accomplish student's goals. Student-clients are able to experience their own miracle at a level which appears realistic and well within their current range of capability. From this, the procedure allows student-clients to progress into a future where successes may be possible. Finally, simplifying responses to the miracle question allows student-clients to begin therapy in a nonthreatening and productive manner. Student-clients begin to get a sense that they are able to promote change in their lives. Another interesting aspect of this process is that often the student's identified problem does not have to be the focus of treatment. Rather, only small change is necessary to initiate systemwide change.

The approach has proven beneficial for student-clients seeking therapy with either an unclear problem definition and/or ill-defined goals. It has also been helpful with student-clients who enter therapy overwhelmed with numerous concerns and/or goals.

We continue to explore the clinical usefulness of this technique, especially beyond the first two therapy sessions. As always, it can be said that "more work is necessary in this area." However, this author has experienced this approach of simplifying responses to the miracle question

as an energizing, stimulating process which has been helpful to the student-clients with whom he has worked.

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